

NHB/NMRTC Bremerton *Caduceus*

A Monthly Recap of info, insight & issues for July, 2021



Corpsman support for those gone but never forgotten

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- There's a small, immaculate, reserved dining table in Naval Hospital Bremerton's Terrace Dining Facility.

It symbolically offers a place setting for one, and a table for all.



Lending a hand... Chief Hospital Corpsman Piotor Juchniewicz (second from left) takes part in a dig site in the central Vietnam province of Quang Nam, approximately three hours southwest from the sizable coastal city of Da Nang. He served as an independent provider for Recovery Team 2 during the 142nd Joint Field Activity (JFA), Mission 21-2VN, in the Socialist Republic of Vietnam, Feb. 21 to April 18, 2021. The rolling hills and valleys were a backdrop for ground as well as air combat during the Vietnam War. It was there, amidst tropical jungle terrain and rugged mountain setting where search efforts were conducted for a helo pilot missing since 1969 (courtesy photo).

vider for Recovery Team 2 during the 142nd Joint Field Activity (JFA), Mission 21-2VN, in the Socialist Republic of Vietnam, Feb. 21 to April 18, 2021.

"I have taken part in previous ceremonies such as the Hospital Corps Ball and Marine Corps Ball honoring our missing service members and have reflected about helping bring a missing in action servicemember home to be able to sit at that table," said Juchniewicz, chosen for his independent duty corpsman skills to support the Defense POW/MIA Accounting Agency (DPAA) mission.

Juchniewicz found himself in the central Vietnam province of Quang Nam, approximately three hours southwest from the sizable coastal city of Da Nang. The rolling hills and valleys were a backdrop for ground as well as air combat during the Vietnam War. It was there, amidst tropical jungle terrain and rugged mountain setting where search efforts were conducted for a helo pilot missing since 1969.

"It had already been determined that there was a particular area to look. We had dig sites on an eroding cliff-face, which was not easy, and in the surrounding jungle and river valley," explained Juchniewicz.

Although Juchniewicz was intricately involved in actual recovery efforts for the missing servicemember, his pri-

The POW/MIA table has been a tradition in honor of America's prisoners of war and those missing in action since the end of the Vietnam War.

Chief Hospital Corpsman Piotor Juchniewicz has been in formal dedications during his career recognizing POW/MIAs, but never on such a mission which he recently participated in to help find those gone but not forgotten.

Juchniewicz, born in Poland and raised in Seymour, Conn., served as independent pro-

mary duty was ensuring the medical health and well-being of the team.

“We were in an austere environment. It was always hot, so monitoring potential heat casualties was paramount. There were snakes, leeches, killer [giant murder] hornets. We had torrential downpours a few times. Did a lot of PMT – preventive medicine technician – duty for hygiene, field sanitation, and also established a MEDEVAC [medical evacuation] plan, which wasn’t easy because the only flat enough area was up the side of a mountain. Getting there was a challenge enough. Hauling a person up in a stretcher was very strenuous,” Juchniewicz said.

According to U.S. Marine Corps Capt. Paul R. Johnson, Recovery Team leader, Juchniewicz’s leadership, experience and attention to detail made him an invaluable asset.



“His ability to simultaneously manage numerous environmental risks such as gastrointestinal and musculoskeletal issues, heat considerations and wildlife threats is a testament to his professional competence,” wrote Johnson.

The team was led by a DPAA forensic anthropologist Katie Rubin who took the mission lead at the site in setting up the coordinates and leading the team in their daily responsibilities.

“Even before the test sites to search were set up, a few EOD [explosive ordnance disposal] techs would go through the area to make sure it was safe, flag anything of possible worth, and make sure there was no unexploded ordnance or ammo,” said Juchniewicz.

If there was any hits – old fragments, expended munitions, wreckage remains – a test site such as a 4 (foot) by four grid would be established and workers would dig into that specific area. The dirt would be excavated and screened for any possible evidence of human remains.

“We would work the day shifts digging and then sifting through the dirt. We all did the same work as our Vietnamese counterparts and the 90-plus locals who were also there to assist. There were some debris found,” related Juchniewicz.

“The locals were great. Very helpful and really an integral part of the mission. Just talking, laughing and smiling with them was a great experience,” added Juchniewicz.

Juchniewicz was cited for his contributions on the joint recovery team.

‘He has now set the standard what is expected from our future medical personnel. All medical issues that arose during the mission were handled decisively and effectively resulting in minimal lost time for team members. His work ethic and initiative significantly contributed to the team’s mission accomplishment. His positive attitude and unwavering commitment to the mission helped facilitate the strong partnership between 15 U.S. personnel, nine Vietnamese officials and local workers. His physical and mental endurance were great assets when conducting excavations in arduous conditions in an austere environment. His efforts ensured that DPAA made great strides in obtaining the fullest possible accounting of U.S. military personnel who remained unaccounted,’ noted Johnson.

**Naval Hospital
Bremerton Caduceus is an official
Navy internal publication**

Capt. Shannon J. Johnson, MSC, Commanding Officer
Capt. Jeffrey Feinberg, MC (FS), Executive Officer
CMDCM (AW/SW), Robert Stockton, Command Master
Chief

As of Memorial Day, it is estimated that there are more than 38,000 Americans unaccounted for who have been deemed recoverable, dating back to World War Two up to Operation Iraqi Freedom. In fiscal year 2020, 120 former missing personnel were recovered, with 82 from the Second World War, 36 from the Korean War and two from the Vietnam War. In this fiscal year, with travel still impacted worldwide by the pandemic, DPAA has still accounted for 94 missing service members.

I Am Navy Medicine – Lt. Caitlin Sleight, clinical psychologist - at NMRTC Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – The junior officer of the quarter at for Navy Medicine Readiness Training Command (NMRTC) Bremerton admittedly could not have envisioned her current status in Navy Medicine.

Until it became a career-defining reality.



Lt. Caitlin Sleight, clinical psychologist, division officer and Marine Corps Security Force Battalion Psychology Liaison for NMRTC Bremerton's Mental Health Department, was recently selected as the command's Junior Officer of the Quarter (JOOQ).

“It is an honor to be selected as the command’s JOOQ. It demonstrates how our leadership highlights the effort of all who are supporting our warfighters mentally and physically,” said Sleight, noting the significance of being selected. “I simply feel grateful for having a command that understands the importance of collaboration, compassion, competence, and acknowledging hard-work and dedication to Navy Medicine.”

With the Military Health System (MHS) recently recognizing June as Post-Traumatic Stress Disorder (PTSD) Awareness Month, as well as Men’s Health Month – men are 24 percent less likely to visit the doctor than women – Sleight’s expertise as a clinical psychologist is an apt paradigm of the importance attached to mental health and wellness by Navy Medicine and MHS.

“Paying attention to our behavioral health is an important aspect of overall health. It is the foundation of warrior toughness and resiliency for service members. As warfighters, our greatest strengths are our ability to regulate, modulate and tolerate biopsychosocial stressors amidst the unique stressors of an operational environment,” explained Sleight.

Her path to becoming a naval officer began in Willington, Connecticut, as a E.O. Smith High School, Storrs, 2006 graduate. She then achieved her B.A. in Psychology with a research concentration; Minor in Neuroscience-2010 from University of Connecticut, followed by graduate school at Albert Einstein College of Medicine’s Ferkauf Graduate School of Psychology in New York City with a Ph.D. Clinical Psychology- Health Emphasis and focus in Neuropsychology-2019. She has been part of Navy Medicine since 2018.

“My career began in 2018 when I interviewed for Walter Reed National Military Medical Center’s Clinical Psychology Residency Program. It was my top choice out of the 15 other residency programs, none of which were military. On our psychology ‘residency match day,’ I matched with WRNMMC as their top choice as well, and the

NHB/NMRTC Bremerton Webpage:
<https://bremerton.tricare.mil/>

NHB/NMRTC Bremerton Official Facebook site:
<https://www.facebook.com/navalhospitalbremerton>

NHB on Defense Video Info Distro Service:
<https://www.dvidshub.net/tags/news/nmrtc-bremerton>

NHB Command Ombudsman:
nhb.ombudsman@gmail.com

rest is history. I commissioned as an officer two months later and began my journey,” related Sleight, noting that although growing up there was a degree of familiarity with the Navy fostered from her grandfather’s WWII service, she could not have predicted actually becoming a commissioned naval officer, especially after six long years of graduate school.

“I had originally foreseen myself working as a clinical neuropsychologist at a VA hospital in New York City for the rest of my career. My specialty in graduate school was within neuropsychology/health psychology and applying my training to a veteran patient population with complex cognitive, physiological, emotional, and behavioral pro-

files seemed like the perfect fit. It wasn't until my lab mate in graduate school – Lt. Cmdr. Noah Epstein - began discussing the unique opportunities Navy Medicine could offer that I considered shifting my focus to working with an active duty population. Navy Medicine within the context of clinical psychology intersected all of my interests at once; an opportunity to build upon leadership skills; a sense of adventure; and practically applying my years of study to bolster and build upon the psychological resiliency of the men and women who sacrifice so much for our country," Sleight said.

Sleight was raised in a small, rural Connecticut town, having to bus over to the neighboring town to attend school. Her parents and older sister were all English aficionadas, with both parents pursuing careers in journalism.

Her parents, and upbringing, had a profound influence not only scholastically, but also in helping to form her own self-determination, discipline and dedication to tasks at hand. By the time she enrolled in college, it was at the sophomore level.

But in the midst of that initial year, her commitment to her chosen field took on a heightened sense of importance.

"My personal investment within health psychology came mid-way freshman year, when I learned of my mother's stage III breast cancer diagnosis. While I contended with uncertainty of life awaiting the end of my mother's treatment, I observed how the disease so clearly demonstrated interconnectedness between physical, mental and cognitive wellness. Despite my mother's survivorship, her struggle to reclaim quality of life after cancer was apparent. Watching my mother transform from her most vibrant to her most vulnerable self ignited my determination to help others reclaim their functioning," shared Sleight.

"As I continue to advance forward in my career in Navy Medicine, I am reminded of my mother's unwavering commitment to her health and family with no guarantee of respite," continued Sleight. "It is with her in mind that I am inspired every day to be the best leader and clinician I can be."

The pandemic has presented additional challenges throughout Navy Medicine and the MHS, and Sleight's position as a clinical psychologist has been integral to providing support to others in need.

"As a Navy clinical psychologist amidst the COVID-19 pandemic, we collectively faced world-wide isolation, death, rapid change, and global uncertainty of the future. Our sailors were isolated aboard ships for months at a time, isolated from families, friends and sometimes unable to visit home to formally mourn the loss of a loved one because of travel restrictions. During a pandemic or not, our role is integral in facilitating the processing of complex emotions that can result from grief, death and dying," said Sleight.

Sleight's work aligns with the Navy surgeon general priority on operational readiness, and the core mission of ensuring force medical readiness by a ready medical force. Her duty directly contributes towards that standard.

"Psychological readiness is essential in maintaining operational readiness. My duty as a Navy psychologist is to target treatment at primary, secondary and tertiary care level, to both prevent illness and facilitate recovery so that our sailors and marines are both prepared to face adversity and stressors or return fit for full duty after a period of treatment," stressed Sleight.

Sleight attests being selected as the command's JOOQ is not solely based on individual appreciation as much as overall recognition for the entire Mental Health Department.

"As part of the mental health family, any success that any of our team members achieve is a success for all of us. We rely heavily upon one another, officers, enlisted and civilians alike. Our relentless perseverance as a clinic is constantly improving upon our culture of excellence and innovation. My selection is also an acknowledgment that the Mental Health Department continues to deliver agile support to our joint force population, all the while empowering and lifting one another up," Sleight said.

When asked what the best part of her career has been so far, Sleight replied, "The indescribable bond and friendships made with others impacting positive change in Navy Medicine. Being part of Navy Medicine means I have been given the opportunity to be part of something bigger than myself, and that I'm afforded the opportunity to help others and give back to my country."



In a surprise presentation June 24, 2021, Dr. Dan Frederick, long time public health emergency officer at Naval Hospital Bremerton, was formally recognized with the Navy Meritorious Civilian Service Award for his efforts in helping to eliminate COVID-19. His citation read, in part; "For meritorious civilian service from January 2020 to June 2021 as Public Health Emergency Officer with Navy Region Northwest. Dr. Frederick performed his demanding duties in an exemplary and highly professional manner during an unprecedented time in our Navy. In an effort to mitigate the spread of the Coronavirus 2019, he created an effective screening process for all Government Service employees to complete prior to entering all Navy Region Northwest installations. His untiring dedication led to the development of the "mission essential" workforce guidelines, which ensured the continued operations of the safe-guarding National health. Dr. Frederick provided sound guidance and subject matter expertise for all regional contact tracing trainings for 40 Independent Duty Corpsman and ensured compliance with the Department of Defense and Department of the Navy reporting requirements. He provided oversight to Standard Operating Procedures and effectively managed sentinel surveillance, pre-procedural, and travel testing requirement for Navy Region Northwest. Additionally, Dr. Frederick spearheaded the creation of further workforce guidance for isolated and quarantined mission critical, non-healthcare personnel. This developed algorithm was shared as a leading practice and implemented across the Bureau of Medicine and Surgery. Dr. Frederick's distinctive accomplishment and impressive devotion to duty reflect credit upon himself, Navy Region Northwest and the Department of the Navy. Signed, S.D. BARNETT, Rear Admiral, United States Navy"

Addressing the Stigma of Mental Health

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- As June, designated as 'Men's Health Month' by the Military Health System, transitions into July, the hope is that most males who habitually focus on their physical rather than mental health have at least considered the importance of psychological and emotional well-being.

Navy Marine Corps Public Health Center (NMCPHC) notes that there is a stigma amongst men in even considering mental health care.

Despite serving in varied land, sea, underwater, and air environments where long deployments, Traumatic Brain Injury, Post-Traumatic Stress Disorder and a host of other issues can – and do – directly impact soldiers, sailors, airmen and Marines, there exists a hesitancy to openly consider, communication and confront individual mental health.

Yet mental health expert like Navy Medicine Readiness and Training Command (NMRTC) Bremerton's Lt. Caitlin Sleight are making a difference in individual and collective mental health for service members and their families.

For Sleight, clinical psychologist, Mental Health division officer and Marine Corps Security Force Battalion Psychology Liaison for NMRTC Bremerton's Mental Health Department, mental health is a crucial cognitive component for everyone's overall health and wellness.

"Paying attention to our behavioral health is an important aspect of overall health because it is the foundation of



There's always a light...in addressing the stigma of mental health. Despite serving in varied land, sea, underwater, and air environments where long deployments, Traumatic Brain Injury, Post-Traumatic Stress Disorder and a host of other issues can – and do – directly impact soldiers, sailors, airmen and Marines, there exists a hesitancy to openly consider, communication and confront individual mental health, especially amongst men. Yet mental health expert like Navy Medicine Readiness and Training Command (NMRTC) Bremerton's Lt. Caitlin Sleight are making a difference in individual and collective mental health for service members and their families (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

warrior toughness and resiliency for service members. Many people mistake mental health to mean the absence of negative emotions. When in fact, it means putting in the energy to formulate a comprehensive understanding of the etiology [origin] of our own emotional, physical, psychological and social interrelationships to subsequently adapt in the face of adversity. As warfighters, our greatest strengths are our ability to regulate, modulate and tolerate unique stressors of an operational environment,” said Sleight.

The operational environment has been completely impacted by the COVID-19 pandemic, which has added another layer of mental health concerns.

“As a Navy clinical psychologist amidst the COVID-19 pandemic, we collectively faced world-wide isolation, death, rapid change, and global uncertainty of the future. Our sailors were isolated aboard ships for months at a time, isolated from families, friends and sometimes unable to visit home to formally mourn the loss of a loved one because of travel restrictions. As a clinical psychologist during a pandemic or not, our role is integral in facilitating the processing of complex emotions that can result from grief, death and dying,” Sleight said.

Statistical evidence also shows that the pandemic has exasperated mental health in men more than women, especially when it comes to added stress and anxiety, financial concerns, and increased consumption of alcohol.

Addressing such issues, and the reluctance to share, are responsibilities which Sleight provides attentive support and focus in her clinical psychologist role.

Yet what exactly is stigma in the context of mental health?

According to the NMCPHC, stigma is a reluctance to share issues and seek support from friends, family, co-workers and to request assistance from helping professionals such as chaplains, medical personnel, counselors and mental health professionals like Lt. Sleight.

There are possible negative effects due to stigma. Stigma may lead to negative beliefs that someone who seeks help is weak, and also that they should instead be strong, in control and be able to handle everything.

Other problematic negative beliefs are that they will lose their job, career, security clearance and standing, or that they will be labeled, stereotyped, ostracized and discriminated against by others for seeking mental health support.

“In addressing the stigma of men seeking help, one has to understand what underlies this stigma. It is the negative attitudes or beliefs that men experiencing behavioral health difficulties are somehow weaker or exemplify a weaker character,” explained Sleight.

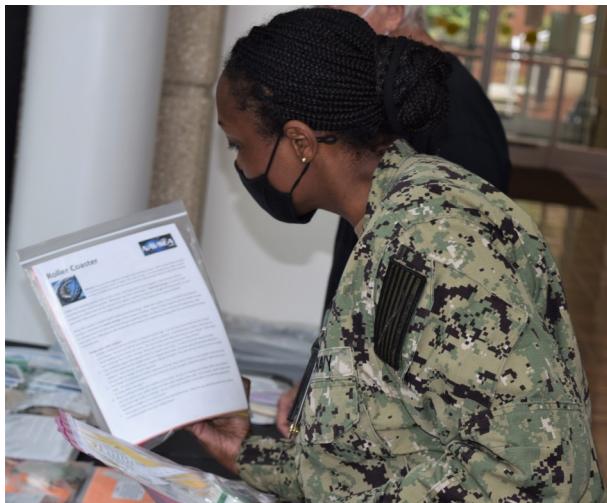
The perpetuation of this stigma amongst western culture and concepts of masculinity is entirely contraindicated and detrimental to warrior toughness and resiliency. It can lead to a disproportionate number of males feeling shame about what they’re experiencing, discriminating against others and avoidance of services that may alleviate symptoms and improve functioning.”

Sleight cites that one way she has actively addressed reducing the mental health stigma is working with the Force Preservation Council at the Naval Base Kitsap Marine Corps Security Force Battalion.

“Through this collaboration with MCSFBn leadership, we are working towards normalizing seeking mental health treatment through open and honest communication, psychoeducation and frequent collaboration between Navy Medicine clinical psychologists, leadership and independent duty corpsmen,” noted Sleight.

Sleight’s work aligns with the Navy surgeon general priority on operational readiness, and the core mission of ensuring force medical readiness. Her duty directly contributes towards that standard.

“Psychological readiness is essential in maintaining operational readiness. My duty as a Navy psychologist is to target treatment at primary, secondary and tertiary care level, to both prevent illness and facilitate recovery so that our sailors and marines are both prepared to face adversity and stressors or return fit for full duty after a period of treatment,” stressed Sleight.



STEM stoked for summer... Naval Hospital Bremerton, in conjunction with a partner program between U.S. Naval Undersea Museum, Puget Sound Navy Museum, and Science, Technology, Engineering and Mathematics (STEM) education coordinators at various local commands, distributed STEM-based activity kits to staff members for their children, July 1, 2021. The science kits – each with a colorful lesson page and requisite materials to complete the activity - are primarily suitable for elementary and middle school students. Made available, at no cost, covering a wide range of interests were kits including cryptography, signal flags, polyhedral construction, cribbage and plane spotting; knot tying, chromatography, Cartesian divers and clinometers. Hospital Corpsman 2nd Class (Fleet Marine Force qualified) Fernando A. Perezcarvajal coordinated the command effort. The Navy STEM program supports the Department of the Navy and Marine Corps education and outreach program, providing focus to 'inspire, engage, and educate the next generation of scientists and engineers, technology and medical professionals. STEM development begins with outreach programs much like this at the pre-K through 12th grade levels, can continue on through undergraduate and graduate school and also support student advancement into post-doctoral work and all stages of a chosen STEM profession (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

'With Pride We Swim Together' highlights command's LGBT Pride Month



Well deserved recognition...Ms. Catherine Udasco-Dunn and Mayda Schaefer were presented with command Letter(s) of Appreciation for their participation in NMRTC Bremerton's LGBT Pride Month celebration held during June, 2021. 'Your colorful display created for the theme, "Pride In All Who Serve," assisted in education and promoting awareness of the LGBT community,' read in part their appreciative write-up, signed by Capt. Shannon J. Johnson, NHB/NMRTC Bremerton commanding officer (Official Navy photos).

Earthquake Exercise keeps the pressure on at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC public affairs officer -- It's a matter of when, not if.



Sitting astride a sizable fault line dissecting Puget Sound, Naval Hospital Bremerton (NHB) continues to prepare – structurally, organizationally, and now with and without pressure – to respond to any seismic activity impacting the area.

In conjunction with Citadel Rumble, an annual earthquake response exercise for Navy commands in the Pacific Northwest, NHB held Operation Black Wind to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks, July 15, 2021.

“Based on our current hazard vulnerability assessment, an earthquake is one of the most likely significant disasters to happen. This training scenario tests our response capabilities,” said Terry Lerma, NHB medical treatment facility emergency manager. “Holding this exercise keeps us from being complacent, helps improve our muscle and mind memory to respond quickly, and we also get to work with our community partners and other first responders.”

The scenario for Operation Black Wind unfolded with a sudden and significant seismic event occurring in the early summer afternoon.

The earthquake, and resultant shock-wave, lasted approximately one minute. Staff, as well as patients and visitors, were immediately informed to ‘drop, cover and hold’ until the ‘all clear’ announcement was made.

Coincidentally – and just as unexpectedly – a number of active duty staff members suddenly became ill, possibly due to an overturned tanker truck transporting hazardous material on nearby State Highway 3, which spilled content on the immediate environment.

The sickened Sailors were at the command fitness facility and began complaining of respiratory difficulties, blurred vision, headaches and nausea.

“We had 12 Sailors exposed to some unknown natural or manmade liquid, solid, vapor, or gas. A hazardous material – HAZMAT – spill is dangerous. Once released from whatever and wherever, it is known to cause sickness, even possible death to humans and other animals, as well as damage the environment,” Lerma said.



Past earthquakes exercises were scripted to develop teachable skills in handling such potential scenarios from mass casualty inbound to mass evacuation outbound. This time around, a unique twist was thrown into the mix. NHB’s decontamination (DECON) team was activated to treat those exposed to the HAZMAT contaminant(s).

“It’s imperative that protective measures and proper decontamination of patients exposed to chemical or biological agents occurs to safeguard them and avoid the risk of contaminating and exposing others,” Lerma stressed.

The DECON team is responsible to triage, treat, and decontaminate actual and/or potential victims exposed to chemical, biological, radiological, nuclear and/or high explosive agents before they can enter the hospital. They do that by deploying the portable decontamination system, a specifically designed portable shower tent constructed along the lines of the assembly line principle. A suspected contaminated person enters one end and is taken through a series of cleaning and decontamination steps before coming out the other side.

“We have approximately 60 trained personnel on our DECON team, which give us the capability to set up and

operate two systems, simultaneously if needed, to completely decontaminate patients exposed to a chemical, biological or radiological agent,” explained Lerma. “Once the word was passed to activate, they are charged with getting to our DECON site, getting dressed in the hazardous waste operator suit, and setting up the DECON system. Our goal is to always be ready within 10 to 15 minutes when such an emergency arises to provide that vital layer of protection for the hospital and staff, and care for the patient.”

During this exercise, when the DECON team set up their systems with the shower tent to begin the process of caring for the mock victims, there was no water. The well was dry.

The hydrant (water) pressure on the compound had been lost due to the quake.

“No disaster ever goes according to plan. We wanted to test our team on how they dealt with this. Did they know to contact the incident commander and/or command duty officer to inform them of the catastrophic loss of water pressure? They did just that,” commented Lerma.

Navy Region Northwest Fire Department arrived on scene with Engine 63 to provide the needed water supply for the DECON team needs. There was approximately 750 gallons readily available.

“To our knowledge, this is the first time, at least at Navy Medicine commands, to have a fire engine pump hundreds of gallons of water to a DECON team to use in helping decontaminate patients. The cooperation and support from the Region fire department was integral and vital for success. We also got to determine how long the water supply lasted, and when to request additional support to replenish that fire engine from another source,” said Lerma.

Along with the Sailors exposed to some unknown HAZMAT agent, initial reports from the Rapid Emergency Action Plan team, comprised of Facilities department staff, also showed some structural damage. They also ensured that backup generator power was available if needed.



Frocking Ceremony highlights newly advanced Sailors

At NHB/NMRTC Bremerton, 16 members have been promoted to the next highest paygrade. By accepting the appointment, these Sailors will be charged with demonstrating the highest standards of performance, moral courage and dedication to the Navy and our nation. They will be expected to serve as ideal examples for their fellow Sailors to follow. Their desire to excel and to guide others must be boundless. Their appearance must be a model for others and their performance must be a continual reflection of their sincerity, attention to duty, integrity and moral courage.

Please join in congratulating our newly frocked Sailors.

E6: Hospital Corpsman 2nd Class M2 Denielle Arthur, NMRTU Bangor; HM2 Jefferson Green, NMRTU Everett. E5: Hospital Corpsman 3rd Class M3 Brandon Bazeluk, Preventive Medicine; HM3 Travis Earhardt, Internal Medicine; Logistics Specialist 3rd Class Ezra Horton, Material Management; Information Systems Technician 3rd Class Andrew Lange, Information Management Department; HM3 Alexander Marshall, Patient Administration; HM3 Andre Rechner, Patient Administration; HM3 Terrance Seifert, Medical Records. E4: Hospitalman Karen Avila, NMRTU Everett; Personnel Specialist Seaman Jose Gonzalez, Human Resource Department; HN Connor Homrighausen, Laboratory Department; HN John Kroening, NMRTU Puget Sound Naval Shipyard; HN Danielle Schlarb, Ears Nose & Throat; HN Rachel Schultz, Pediatrics (currently deployed); HN Michael Steen; Labor and Delivery Unit. Well done to all!





Immunization Clinic tabbed as tops at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Long known as sticklers for perfection, Naval Hospital Bremerton's Family Medicine Immunization Clinic added to their highly-regarded professional standard. The clinic was recognized as the command's Five Star Customer Service Recognition Program

'Team of the Quarter' from April through June, 2021.



"This team is committed to high-reliability principles in all that they do. I have the utmost confidence in them. While they always go above and beyond to keep our community healthy, they really stepped up over this last quarter. When we made the decision that our COVID vaccination efforts had reached a point where we needed to transition to a more sustainable battle rhythm, the executive board agreed that our team in the Immunization Clinic was best prepared and the most trusted team to take over this vital mission," said Capt. Shannon J. Johnson, NHB/NMRTC Bremerton commanding officer, also expressing gratitude for the willingness of the busy clinic team – already known for consistently delivering exceptional care, compassion and competence – "to rapidly learn all the protocols, rules and processes required to safely and reliably administer the COVID vaccine, and serve on the frontlines of our war against the COVID pandemic."

Since taking over the responsibility of providing COVID-19 vaccinations all who voluntarily requested the shot, the clinic has administered over 1,000 vaccines since May 24, 2021. During this same time period, they have continued to receive 99 to 100 percent satisfaction ratings every week, which are logged in the Interactive Customer Evaluation (ICE) system.

"Our COVID-19 vaccination efforts have been our number one priority and have been essential in ensuring our national security mission here the Pacific Northwest continues unimpeded. This team has not only administered over a thousand vaccines in just a few months, but they have continued to deliver other vital inoculations as needed to keep our beneficiaries protected and healthy. I thank them for their unwavering professionalism and dedication to our mission," Johnson said.

The recognition award itself is based on such criteria as accountability and ownership, empathy and compassion, positive and passionate attitude and responsiveness.

The Immunization Clinic team was cited for 'taking on every change presented to them and overcoming any challenges that presented from the changes. On top of their normal daily operations, they began administering COVID vaccines for all tenant commands and beneficiaries in the area.'

PHEO on the Field—Bringing the Heat



TACOMA, Wash. (July 18, 2021) Bringing the heat... Cmdr. Robert Uniszkevicz, assigned to Navy Medicine Readiness and Training Command (NMRTC) Bremerton, throws out the ceremonial first pitch at the Tacoma Rainiers baseball game, July 18, 2021 at Cheney Stadium in Tacoma, Washington. The NMRTC Bremerton Color Guard also presented the colors at the game, which saw the Rainiers, Triple A affiliate of the Seattle Mariners, drop a 4-0 contest to the Salt Lake City Bees. (U.S. Navy photo by Chief Mass Communication Specialist Kyle Steckler)

I Am Navy Medicine - and NHB Employee of the Month - Matt Hodgson

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – What started out as an interest in the medical field has become a career spanning 30 years – and counting – of active duty and civil service for Matt Hodgson.

Hodgson, from Binghamton, New York and 1987 graduate from Susquehanna Valley High School, is the staff MRI (magnetic resonance imaging) technologist at Naval Hospital Bremerton (NHB) and recently announced as NHB Employee of the Month for June, 2021.

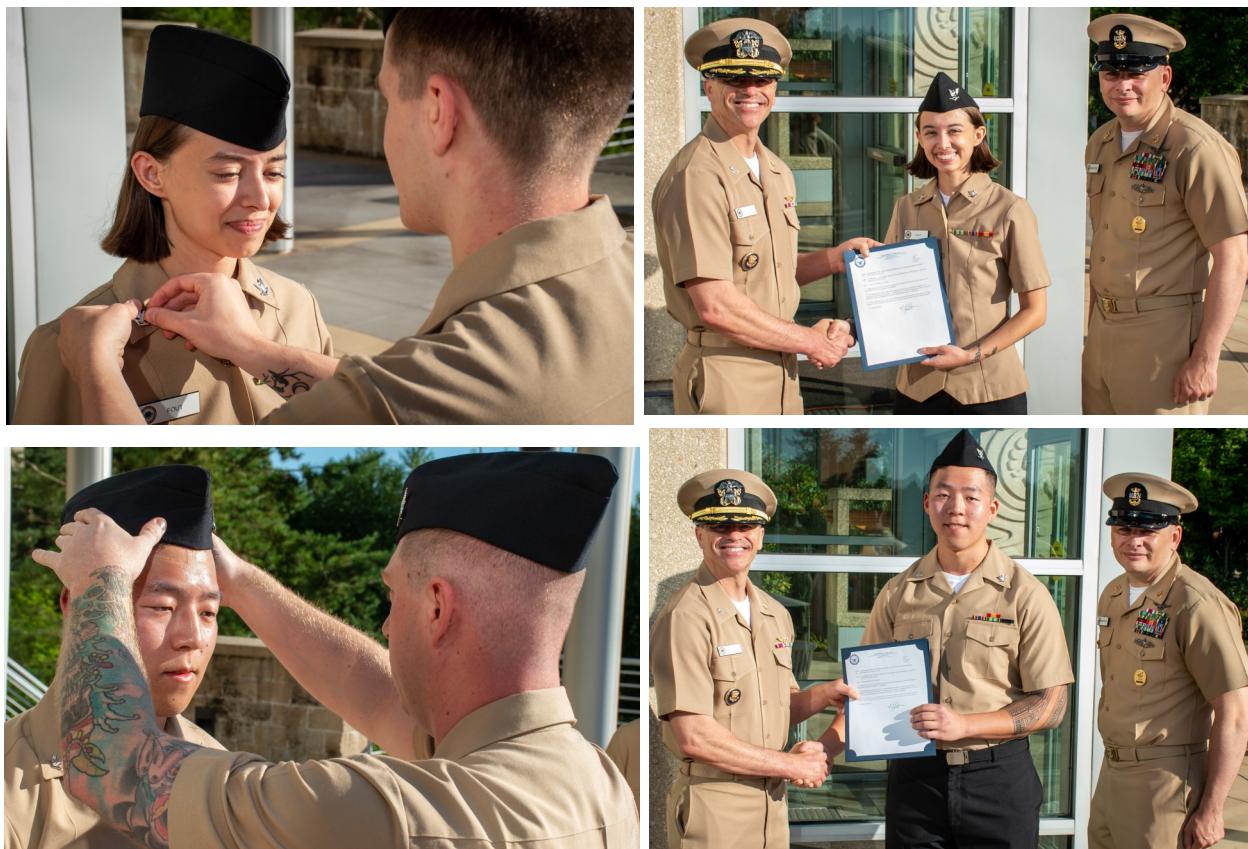
“Just honored that folks thought of me,” said Hodgson, acknowledging that there is some importance attached to not just being nominated but also being selected from a command of approximately 1,300 staff members.

“It’s significant because it shows we’re appreciated by the patients in our care,” Hodgson said, adding that being recognized, “reflects on everyone in our department. Every day, all our staff, both active duty and civilians work very hard. For me, it’s very significant because it’s also professional recognition, which is as valuable to me as any award one can get.”

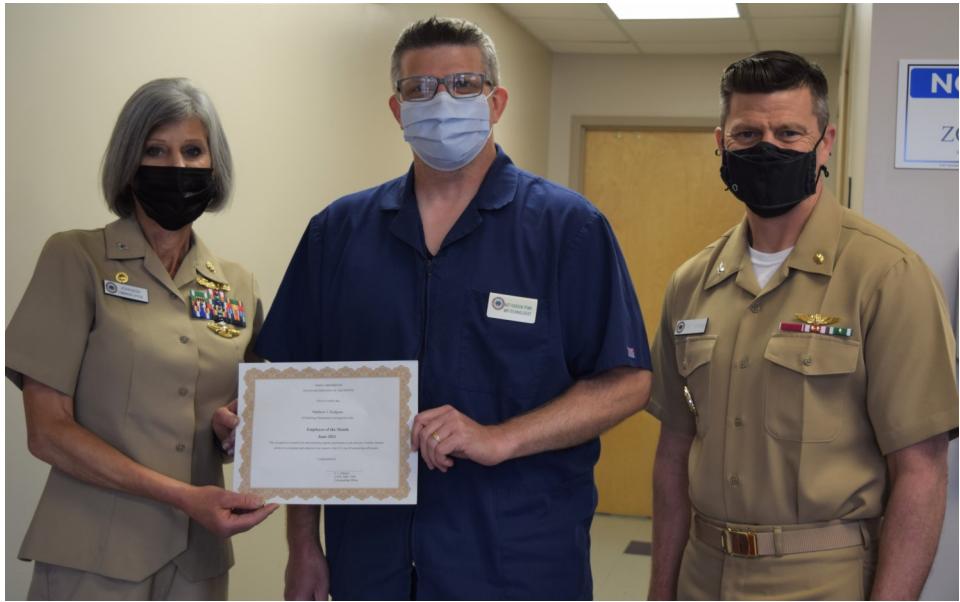
Hodgson was highlighted for ‘demonstrating superior performance in the delivery of stellar customer service to patients,’ a testament to his interpersonal skills and professional aptitude.

“Just treat folks like they’re individuals and show patience, honesty and compassion,” stated Hodgson.

His Navy Medicine career began when he enlisted in 1988 at age 18 and attended Hospital Corps School, Great Lakes, Illinois, serving as a hospital corpsman for 20 years.



Please join us in congratulating two more staff members – Hospital Corpsmen 3rd Class Lauren Font and David Livingston, who were promoted to the next highest pay grade, July 23, 2021. Font and Livingston join 16 others frocked the week before at NHB/NMRTC Bremerton.



"I wanted at the very least to get some experience in the medical field. The Hospital Corps was a great fit," said Hodgson.

Navy Medicine has taken him from Camp Lejeune, North Carolina across the Pacific to Japan. He has held such positions and duty as general duty corpsman, Fleet Marine Force corpsman providing support to the Marines, advanced radiologic technologist, leading petty officer, and MRI clinical education specialist.

After working for a civilian company for a few years following his Navy active duty career, he returned back to the Department of Defense and has been at Naval Hospital Bremerton for last 10 years.

Assigned to a Navy Medicine platform, Hodgson's position is an integral part of the crucial clinical support provided from the Radiology Department to providers in helping them diagnose patient's injury and/or disease.

The MRI itself is a sizable computerized machine that uses magnets, radio waves and a computer to deliver detailed images of the inside of a patient's body. Along with helping with diagnoses, the MRI can monitor how a patient is doing with a particular treatment, and is especially useful looking at the nervous system and soft tissue. For example, an MRI of the brain can help diagnose brain injury or a stroke. An MRI of the heart and blood vessels can look for heart disease and an MRI of the bones and joints can detect damage in bones, cancer, and/or bone infection(s).

"Basically, I feel like medical imaging, MRI specifically, are the doctor's eyes. They are partially blind without us - not to degrade their clinical abilities - but we provide a noninvasive way to diagnose patients to hopefully prevent surgeries or allow doctors to accurately plan those surgeries to give the patient the best outcome," explained Hodgson.

With the Navy surgeon general priority on operational readiness and NHB's core mission of ensuring a medically ready force by a ready medical force, Hodgson is helping contribute towards that requirement.

"It's especially important to be able to scan active duty members quickly for operational commitments and, now, with a second carrier transferring here, we will be able to take some of the stress off an already overtaxed local civilian hospital," stressed Hodgson.

Hodgson affirms his MRI clinic is invaluable in treatment.

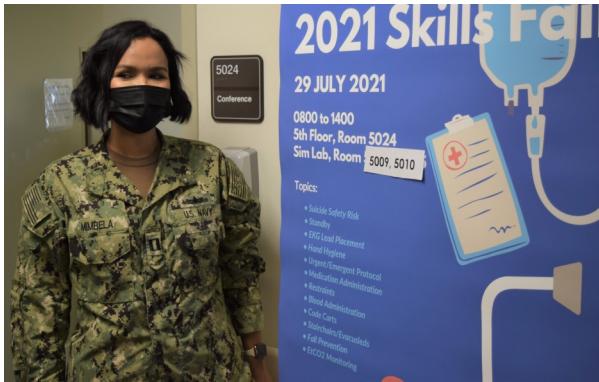
"MRI utilizes radio frequencies and a very strong magnet to image different tissues of the body, more so than any other modality. We can diagnose everything from ligament tears to brain tumors and provide valuable information as to the characteristics of some pathologies," confirmed Hodgson.

The best part about his on-going career?

"Being able to work with great people from all over the world," stated Hodgson.

When asked to sum up his experience with Navy Medicine in one sentence, Hodgson replied, "I love it so much I came back after working in the private sector for three years."

Command Skills Fair provides subject matter experts to all hands



said Lt. Renee Mimbelo, Navy Nurse Corps officer assigned to Ambulatory Procedure Unit and event organizer.

Mimbelo affirms that the skills fair is tailored to all hands, not just Hospital Corps and Nurse Corps staff members.

“We hope that as many as can stop by. This is for them. For example, even for someone who perhaps doesn’t have much patient contact, they can at least gain some basic understanding. We all work in a hospital environment and it’s good to know as much as we can to help out in any emergency or situation,” Mimbelo said.

“We should all know where and who to go for specific specialty skills,” stressed Mimbelo.

For Lt. j.g. Madison Gutzman, assigned to Labor and Delivery, sharing on the importance of proper blood transfusion procedures is a crucial responsibility never to be taken for granted.

“Patient safety always comes first,” stressed Gutzman. “We do a lot of blood transfusion in Labor and Delivery. Each step is important, as is communicating between nurse, corpsman, doctor, and also the patient before, during and after transfusion. The patient very well is going to be the one who knows there’s been blood loss even before lab results return. Knowing their condition, doing a good assessment in their immediate health, is all part of the communication process and blood transfusion administration process.”

According to compiled statistics, in the U.S., one out of 20 hospitalized patients contract a Health Care-Acquired Infection, and the most common type is catheter-related bloodstream infection(s). Gutzman emphasized the correct procedure if a transfusion is needed for a patient.

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Hand hygiene and blood transfusion were just two of the numerous topics shared during Navy Medicine Readiness and Training Command (NMRTC) Bremerton 2021 Skills Fair, July 29, 2021.

Other presentations focused on such areas as, Suicide Safety Risk, Urgent/Emergent Protocol, Medication Administration, Fall Prevention and more.

“Holding this fair is important for all our staff. For nurses, we work with and rely on our corpsmen for a lot. Having subject matter experts here to share their knowledge and provide different insight and perspective is invaluable,”

said Lt. Renee Mimbelo, Navy Nurse Corps officer assigned to Ambulatory Procedure Unit and event organizer.

Mimbelo affirms that the skills fair is tailored to all hands, not just Hospital Corps and Nurse Corps staff members.

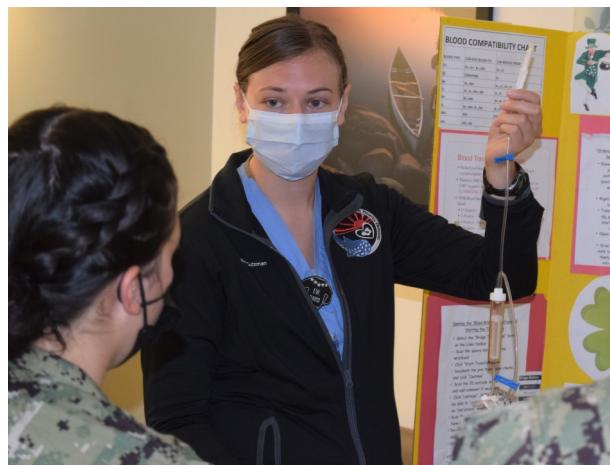
“We hope that as many as can stop by. This is for them. For example, even for someone who perhaps doesn’t have much patient contact, they can at least gain some basic understanding. We all work in a hospital environment and it’s good to know as much as we can to help out in any emergency or situation,” Mimbelo said.

“We should all know where and who to go for specific specialty skills,” stressed Mimbelo.

For Lt. j.g. Madison Gutzman, assigned to Labor and Delivery, sharing on the importance of proper blood transfusion procedures is a crucial responsibility never to be taken for granted.

“Patient safety always comes first,” stressed Gutzman. “We do a lot of blood transfusion in Labor and Delivery. Each step is important, as is communicating between nurse, corpsman, doctor, and also the patient before, during and after transfusion. The patient very well is going to be the one who knows there’s been blood loss even before lab results return. Knowing their condition, doing a good assessment in their immediate health, is all part of the communication process and blood transfusion administration process.”

According to compiled statistics, in the U.S., one out of 20 hospitalized patients contract a Health Care-Acquired Infection, and the most common type is catheter-related bloodstream infection(s). Gutzman emphasized the correct procedure if a transfusion is needed for a patient.



“Everyone has a different blood type and knowing the correct type is the first step. Even before picking up blood from the Laboratory Blood Bank, there’s a time-crunch because there’s just 30 minutes between picking up the blood and starting the transfusion. Make sure the patient is ready, ensure the patient’s IV is open and not blocked, the filter tubing – which is good for only four hours - is prepared – and primed with normal saline only. Take the patient’s vital signs and document. Two registered nurses must verify blood and the patient identification at bedside. If there is any discrepancy, return the blood. An RN must be at the bedside for the first 15 minutes and check vital signs every five minutes during that time, then every hour afterwards, and during post transfusion,” explained Gutzman, noting that every blood transfusion has many moving parts, including the actual process, and attention to detail is paramount for everyone involved.

Stopping and preventing the spread of germs was highlighted by the Hand Hygiene presentation by Elma Faye Miller, command infection prevention and control nurse.

Miller shared a number of bullet points and examples to remind everyone of the daily importance of personal hand



hygiene, particularly in a hospital setting.

“Our hands are one of the main ways infections are transmitted. We want everyone to know when and how to perform proper hand hygiene, and when it is expected to do so, such as before and after entering/leaving a patient environment; putting and taking off gloves, before eating and after using the restroom are all examples when hand hygiene needs to be performed,” Miller said.

Miller acknowledged that there are times when remembering to perform hand hygiene can be easily forgotten, such as before direct contact with a patient, after contact with objects near a patient and after taking gloves off.

There are also a number of commonplace occasions as to why there can be hand hygiene noncompliance including the perception that hand hygiene is not needed if gloves are worn; forgetfulness and distractions, and even if hands are full or supplies or medications.

“When in doubt, perform hand hygiene,” stated Miller.

The fair was postponed last year due to the pandemic, and Mimbelia hopes that this year’s effort provided a worthwhile experience to those who attended.

“We all should know where to go for specific skill training and know who the subject matter expert is for instruction and guidance as needed,” Mimbelia said.



